

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049193

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1		1			51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
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13	1						63				
14	1						64				
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39							89				
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41							91				
42							92				
43							93				
44							94				
							95				
							96				
							97				
							98				
							99				
							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	1	1					TOTAL DEP.				
TO CLS	14						TOTAL CLAIMS				